

Viamed Infant Resuscitation Cabinet Service Notes

The Viamed resuscitation cabinet system should be serviced on an annual basis.

A number of the component parts have individual service manuals available, which should be referred to during the servicing procedure.

Where applicable, the servicing checklists for each instrument in the system should be completed in addition to the servicing checklist for the whole system.

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<b>Viamed Infant Resuscitation Cabinet Service Sheet</b>		
Hospital / Organisation:  Location (department, room number):  Engineer (print):  Service Date:		
Action	Further action required	OK
<b>Cabinet Body</b> – Serial number:		
Check for overall signs of damage Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check door catches for signs of damage Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check caution label on the door regarding the opening of the cabinet Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check integrity of welds on the door hinges Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check hinges for damage or deformation Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check cabinet door drops to horizontal position Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check the restraining bars for damage or deformation Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check the cabinet is securely fixed to wall Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check medirails and tighten any loose rails Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check grommets are in place and intact Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check the bumper stops that prevent door banging during closing are present Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check caution label is in place on the platform Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check bed for damage i.e. cracks, chips Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check all the bed mounting screws are in place Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check mattress for damage i.e. tears, split seams Comments:	<input type="checkbox"/> <input type="checkbox"/>	
<b>Tom Thumb</b> – Serial Number:		
Follow service procedure as detailed in the Tom Thumb service manual, <b>completing a copy of the Calibration / Service Sheet contained within.</b> Comments:	<input type="checkbox"/> <input type="checkbox"/>	
Check oxygen hose, if present, for wear, and replace if necessary (at least every 4 years) Hose replaced? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last hose replacement: Comments:	<input type="checkbox"/> <input type="checkbox"/>	

Action	Further action required	OK
<b>Low Suction Controller</b> – Serial number:		
Follow service procedure as detailed in suction controller operator's or service manual	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Change filter assembly	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Check vacuum hose for wear, and replace if necessary (at least every 4 years for Therapy Equipment low suction controllers, 5 years for Oxylitre)	<input type="checkbox"/> <input type="checkbox"/>	
Hose replaced? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of last hose replacement:		
Comments:		
Check rail clamp is securely attached to suction controller	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Change suction tubing	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Change tapered connector	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Check receiving canister for damage, replace if necessary	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
<b>Radiant Warmer</b> – Serial number:		
Note: if the unit is hard-wired, a PAT test may not be required annually depending upon local regulations.		
Is unit hard-wired? Yes <input type="checkbox"/> No <input type="checkbox"/>		
PAT test performed? Yes <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
Comments:		
Check mounting arm and securing segment as per Nufer technical document: "18.002.B_INSPECTIONS_MOUNTING_UNITS_EN"	<input type="checkbox"/> <input type="checkbox"/>	
Follow service procedure as detailed in radiant warmer service manual, <b>completing a copy of the Technical Safety Check servicing sheet contained within.</b>	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
<b>APGAR Timer</b> – Serial number:		
Change batteries	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Follow service procedure as detailed in Apgar timer operator's manual, <b>completing a copy of the servicing sheet contained within.</b>	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
<b>General</b>		
Check storage bins present	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Tidy any trailing hoses, using tie-wraps if necessary	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Check Operator's Manuals are in place	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
Clean cabinet with isopropyl alcohol	<input type="checkbox"/> <input type="checkbox"/>	
Comments:		
<b>Additional notes or comments:</b>		